

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
Not use of Register General only

706313

1. PLACE OF DEATH
City, Town or Village of IN THE FIELD (ITALY) Street _____
(If death occurred in a hospital or institution, give the name instead of street and number)

Township of _____ County or District of _____

2. LENGTH OF STAY In Municipality where death occurred _____ In Province _____ In Canada (If immigrant)
(In years, months and days)

3. PRINT FULL NAME OF DECEASED O'BRIEN Johnnie Norman
(Surname or last name) (Given or Christian name)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of WATSON Street _____
Township of _____ County or District of _____ Province of Ontario

5. SEX M **6. CITIZENSHIP** M **7. RACIAL ORIGIN** Single **8. Single, Married, Widowed or Divorced** Single **9. BIRTHPLACE** (Province or Country) Ontario

10. Date of Birth
Month March Day 1 Year 1918 **11. AGE** Years 26 Months _____ Days _____
(Month by month) (Year) (Sex or age)

12. OCCUPATION
12. (a) Trade, profession, or kind of work as spinner, grader, clerk, etc. Operator & Refiner
(b) Kind of industry or business, or paper mill, lumber, bank, etc. _____
(If "operator" specify kind of work done)

13. Date deceased last worked at this occupation _____ **14. Total years spent in this occupation** _____

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased _____

16. Name of father _____ (Surname or last name) (Given or Christian name)

17. Maiden name of mother _____ (Surname or last name) (Given or Christian name)

18. Birthplace: Father _____ Mother _____ (Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at St. Louis Mo. 22 day of January 1946
Signature of Informant [Signature] Relationship to deceased _____
Attache Director of Records, Dept. of National Defense.

20. Burial, Cremation or Removal Italy Date (Month by month) _____ Day _____ Year _____
Place of Burial _____ Cemetery _____
Burial Permit was issued by _____ Address _____

21. Funeral Director: Name _____ Address _____

22. Marginal notations (Office use only) _____

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH September 23 1944
(Month by month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from _____ to _____ and last seen alive on _____

25. CAUSE OF DEATH

Immediate cause <small>(Give precise injury or condition which caused death, or the mode of dying, such as heart failure, rupture, aneurism, etc.)</small>	Duration Yrs. Mos. Dns.	Died of wounds received in action	Died of wounds received in action
(a) _____			
(b) _____			
(c) _____			
(d) _____			
(e) _____			
(f) _____			
(g) _____			
(h) _____			
(i) _____			
(j) _____			
(k) _____			
(l) _____			
(m) _____			
(n) _____			
(o) _____			
(p) _____			
(q) _____			
(r) _____			
(s) _____			
(t) _____			
(u) _____			
(v) _____			
(w) _____			
(x) _____			
(y) _____			
(z) _____			

26. If a woman, was the death associated with pregnancy? Duration _____ Was there a delivery? _____

27. Was there a surgical operation? Death operation _____

28. State findings _____ Was there an autopsy? _____

29. If death was due to external cause (violence) or to injury _____

Accident, suicide or homicide? _____ Date of injury _____

Manner of injury _____

Nature of injury _____ (See notes)

Specify whether injury occurred in homicide, in road, or in Public Place

Signed by _____ Designation _____ M.D., Coroner, etc.

Address _____ Date _____

Division Registrar's Signed No. _____

Date of Registration _____ (For use of Division Registrar only) _____ (Signature of Division Registrar)

MARGIN RESERVED FOR RECORDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS AN INDESTRUCTIBLE RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The terms "Canadian" should be used in description of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person is traced through the father, including whether English, Irish, Scottish, French, German, Italian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they suggest CITIZENSHIP (NATIONALITY).

OVERSEAS CASUALTY
CANADIAN ARMY

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit No. 3-A DISTRICT DEPOT (Inf.) (w.f.)
KINGSTON, ONTARIO, CIC Regimental Number C-55630

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01
SPR

1. Surname O'BRIEN
2. Christian Names Johnnie Norman
3. Present address Marmora, Ontario
4. Date of birth 1-March-18
5. Place of birth Canada Ontario Marmora
(Country) (County or Province) (Town or Township)
6. Religion (state denomination) C of E.
7. Trade or Calling Smelter & Refiner
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Caroline O'Brien
10. Relationship Mother
11. Address of next of kin Marmora, Ontario
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NO
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army? NO
(Yes or No)
(i) Any other Naval, Military, or Air Force? NO
(If Yes, Give Regimental No. and Unit) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Johnnie Norman O'BRIEN, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 19-August-42 Johnnie N. O'Brien
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Johnnie Norman O'BRIEN, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Johnnie N. O'Brien (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Kingston, Ontario this 19th day of August, 19 42

W. Gray Captain, (Signature of Magistrate, Justice or Attesting Officer, Officer or Rank and Unit or appointment.)

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT
Kingston, Ont.

